

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

101699443

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		/			
2		/	/			
3		/	/			
4		/	/			
5		/	/			
6		/	/			
7		/	/			
8		5	/			
9		7	/			
10		8	/			
11	1		/			
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48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	21					
TOTAL CLAIMS	23					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

11
25
2

18
19
6
25